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APPLICANTS

Nicoletta Bianchi, Mezzogoro, ITALY;
 Monica Borgatti, Ferrara, ITALY;
 Roberto Gambari, Bologna, ITALY;
 Ilaria Lampronti, Ferrara, ITALY;

** CONTINUING DATA *****

This application is a 371 of PCT/IB03/03462 07/30/2003

** FOREIGN APPLICATIONS *****

ITALY TO2002A000684 07/31/2002

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23373

TITLE

Use of angelicin and of its structural analogues for the treatment of thalassemia

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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